



U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, DC 20416

Certification

Surety Bond Guarantee Electronic Application

I _____ understand that upon receipt of this signed certification, SBA will assign to me a User Identification (ID) and Password that I may use to submit information required as part of the Surety Bond Guarantee Application process. I further understand that SBA will rely on any information I submitted with this user ID and Password, and on the truthfulness, accuracy and validity of any such submission.

Under 18 U.S.C. § 1001 and 15 U.S.C. § 645, any person who makes any false statement or misrepresentation in order to influence the granting of any benefit under SBA's Surety Bond Guarantee Program established pursuant to section 410 of the Small Business Investment Act, 15 U.S.C. 694a et. seq. or any other provision of Federal Law, shall be (1) subject to fines and imprisonment of up to 5 years, or both, as stated in 18 U.S.C. § 1001; and subject to fines of \$500,000 and imprisonment of up to 10 years, or both, as stated in 15 U.S.C. § 645; (2) subject to civil and administrative remedies, including suspension and debarment; and (3) will be ineligible for participation in programs conducted under the authority of the Small Business Act and the Small Business Investment Act.

I hereby certify that any information provided under my User ID and Password has been reviewed by me personally, and is true and accurate.

[Signature]

[Date]

[Notary]

[Date]



U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, DC 20416

Profile Sheet

Bonding Agency/Agent

Name of Bonding Agency:

Bonding Agency EIN:

Agent: Last Name:

Agent: First Name:

Date of Birth:

PIN (last 4 digits of Social Security number):

Address (including street, city, state, zip code, and country):

Telephone Number:

FAX Number:

Web Address:

Email Address:



U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, DC 20416

Profile Sheet

Surety Company and Employee

Name of Surety Company:

Surety Company EIN:

Employee: Last Name:

Employee: First Name:

Date of Birth:

PIN (last 4 digits of Social Security number):

Address (including street, city, state, zip code, and country):

Telephone Number:

FAX Number:

Web Address:

Email Address:

SAMPLE

Ms. Pam Swilling
Office of Surety Guarantees
US Small Business Administration
409 Third Street SW, Suite 860
Washington, DC 20416

Dear Ms. Swilling:

It is requested that the (Producer/Agent) or (Surety company employee) be issued a User ID and Password in order to access the SBA Surety Bond Guarantee e-Application system. Any limitation imposed on the agent should be specified Your cooperation is appreciated.

Sincerely,

Bond Underwriter
XYZ Insurance Company